



To be completed by Community Use of Public Facilities staff:

iBuf Number:

Date received:

Prior C.A.P.P. award:

Community Access Pilot Program (CAPP) Application for FY 14

July 1, 2013 - June 30, 2014

Application Guidance:



- Dates will **not** be guaranteed until funding has been granted. Approval for an award does not guarantee space on a particular date, time or room. All dates approved must occur during July 1, 2013 – June 30, 2014. Applicants will be contacted by County staff, with award decisions.
- Allow a **minimum of 45 days** for processing applications.
- Provide all information listed below with application. Incomplete applications will not be processed. Additional information may be required. Application must be submitted by a member of the group receiving the award authorized to make financial commitments on behalf of the group.
- Award is non-transferrable and may not be extended to include another group.
- Based on availability, applicant will then schedule a date and time for a requested event with CUPF staff. CUPF will issue a permit for the space/event once full payment (CAPP applicants share) is received.
- Community Use of Public Facilities (CUPF) provides logistical support in scheduling and using space only. Applicants are required to provide for event management, equipment or other services not customarily available. For information on the building, rooms available for community use and amenities, visit montgomerycountymd.gov/cupf. Additional rooms/equipment may not be requested on the day of the event unless approved by CUPF.
- Approved applicants will sign a Facility Use License Agreement (FULA) and comply with all applicable building use guidelines and policies.
- Group is financially responsible for any additional costs incurred after the award is made. Regular cancelation and adjustments fees apply.

Organization Information

Organization/Legal Name:

Address of Organization*:

*physical address required with PO Boxes

Representative Name:

Phone (Work):

Phone (Cell):

E-mail Address:

Organization Website:

Facility Request			
Preferred Day of the Week:			
Time:	Start Time:	End Time:	Staff Notes:
Preferred dates:			
Alternate dates:			
Preferred room(s) and/or area(s):	Great Hall (Full) <input type="checkbox"/>	Great Hall (Half – South Side) <input type="checkbox"/>	Great Hall (Half – North Side) <input type="checkbox"/>
	Ellsworth Room (Full) <input type="checkbox"/>	Ellsworth Room (Half – East Side) <input type="checkbox"/>	Ellsworth Room (Half – West Side) <input type="checkbox"/>
	Colesville Room <input type="checkbox"/>	Fenton Room <input type="checkbox"/>	Spring Room <input type="checkbox"/>
	Courtyard (inside Civic Building) <input type="checkbox"/>	Warming Kitchen <input type="checkbox"/>	Atrium (inside Civic Building) <input type="checkbox"/>
	Veterans Plaza (Full) <input type="checkbox"/>	Veterans Plaza (Half) <input type="checkbox"/>	
Equipment Needs:	Riser <input type="checkbox"/>	Great Hall Podium <input type="checkbox"/>	Great Hall Projector <input type="checkbox"/>
Anticipated attendance:	Youth (under 18 years):	Adults (18 years and older):	

Check		
Is this event a:	<input type="checkbox"/> Fundraiser <input type="checkbox"/> Meeting/Conference <input type="checkbox"/> Performance/Dance <input type="checkbox"/> Other	
	<input type="checkbox"/> Celebration/Ceremony <input type="checkbox"/> Class/Instructional <input type="checkbox"/> Show or Exhibit	
Will monies be accepted on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Donation <input type="checkbox"/> Registration fee	If "Yes" please check box below. <input type="checkbox"/> Ticket sales <input type="checkbox"/> Other sales, etc.
Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-prepared	If "Yes" please check box below. <input type="checkbox"/> Catered
Will alcohol be served?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*Alcohol permit must be signed by Operations Manager.

1. Attach a description of the following:	
<input type="checkbox"/>	<ul style="list-style-type: none"> Information about the purpose and or mission of your organization/community group, as well as purpose of the proposed program/activity.
<input type="checkbox"/>	<ul style="list-style-type: none"> How your planned activity/program contributes to the County's mission and key County outcomes. Link for County mission statement: http://www.montgomerycountymd.gov/government/missionStatement.html
<input type="checkbox"/>	<ul style="list-style-type: none"> How your program benefits the residents of Montgomery County and/or program participants.
<input type="checkbox"/>	<ul style="list-style-type: none"> How meeting in the SSCBVP helps you accomplish your goals.
<input type="checkbox"/>	<ul style="list-style-type: none"> Financial need. How is your organization or group funded? Indicate if your organization is already receiving funding or financial assistance from another County source such as a County grant or through a County agency.
<input type="checkbox"/>	<ul style="list-style-type: none"> <u>Fundraising Events</u>: Specific information on how the funds raised (e.g. cost of tickets, etc.) will be used, and which groups will benefit from these additional resources.
2. Certificate or other documentation as to not-for-profit status (as applies):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Any additional description of your program not covered above to include:	
	<ul style="list-style-type: none"> Any preferences on set up/use of space. Ex. number and arrangement of tables, chairs and equipment.
	<ul style="list-style-type: none"> Use of kitchen and loading dock access
	<ul style="list-style-type: none"> Inclusion of amplified or live music/sounds
	<ul style="list-style-type: none"> Pre-activity building access needed to set up for event after tables/chairs have been set up by CUPF
	<ul style="list-style-type: none"> Any planned special lighting, sound effects, props or equipment
	<ul style="list-style-type: none"> How attendance size will be managed (ex. crowd control for open to the public plaza events)
4. Letter(s) of support from a County department (as applies):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name
(Please Print):

Signature:

Date:

Community Access Pilot Program Contact:

Silver Spring Civic Building at Veterans Plaza
One Veterans Place, Silver Spring, MD 20910
Phone: 240-777-5350 Fax: 240-777-5309

silverspringcivicbuilding@montgomerycountymd.gov

